

## From the President

In September of this year a high-level meeting of the United Nations General Assembly (UNGA) will be held in New York to address the urgent questions of non-communicable disease (NCD) prevention globally. The importance of this meeting can be judged from the fact that it is only the second time in the history of the UN that the UNGA has met to consider a medical issue – the first occasion was in response to the HIV AIDS challenge, and this led to the formation of UN AIDS as a body to address the challenge. The NCDs to which attention will be paid in September are cancer, cardiovascular disease, chronic lung disease and diabetes – the worlds biggest killers, accounting for 63% of all deaths globally. The economic cost of these diseases is enormous, not only for developed countries but for developing countries, in which 80% of the deaths occur. Many might question why other conditions are not included in the list – especially mental illness, cognitive decline in ageing and poor cognitive function in children – as these are major humanitarian as well as economic burdens. Similar arguments could be made for osteoporosis, sarcopenia and atopic disorders. But despite this caveat the UN initiative is welcome and well overdue. In addition, as many of the underlying risk factors, and indeed potential interventions to reduce risk, are common to all these conditions, if progress can be made after the September summit then broader benefits will likely accrue.

There is a concern that the interventions currently proposed, For example, by the NCD alliance ([www.ncdalliance.org](http://www.ncdalliance.org); see also Beaglehole *et al.*) revolve largely around adult lifestyle, with emphasis on physical exercise, smoking cessation, diet and harmful use of alcohol. Many of these factors do apply to children too for example, raising questions about the marketing of certain foods aimed at children and to pregnant women. But the genuinely lifecourse approach to the NCD challenge, which is so much part of DOHaD philosophy, is not central to the UNGA agenda so far. I would argue strongly that this omission is critical because the response to later challenges such as an obesogenic lifestyle is established in early life to a substantial degree. Thus, interventions in adults may be relatively ineffective, or only work transiently, and this will reduce both their impact and their public acceptance. To address the problem properly we have to strike at its roots.

A meeting of the Worldwide Universities Network was recently convened in Shanghai on the theme of early life opportunities for NCD prevention in the developing world. Apart from colleagues active in this area from WUN and some other universities, there were delegates from government and non-government organisations and the private sector. Our recommendations<sup>2</sup> focus on the opportunities to

promote health literacy in children and adolescents – interventions which will be both cost effective and could produce short term benefits. They could lead to the birth of children in the next few years with a biomarker profile at birth, which is likely to be linked to better responses to later environmental challenges. Such short- and medium-term benefits should be attractive to funding agencies, governments and health professionals alike. They would also bring additional benefits, in terms of empowerment, gender equity, greater cognitive capabilities in the next generation and, by pushing the onset of NCDs to later in the lifecourse, would also reduce the cost of treatments.

There will of course be many issues that the UNGA will have to consider. They include

- (a) Should NCD prevention be linked to communicable disease prevention? There are arguments in favour of this, not least because in many developing countries the prevalent cervical cancer is due to HPV infection and could be prevented by inoculation. However, it needs to be remembered that the model of disease that applies to most NCDs is very different from that for communicable diseases.
- (b) Should NCD prevention be linked to the other Millennium Development Goals (MDGs)? Again there are arguments for and against. Lack of progress with several MDGs in some areas does not augur well. However the priorities of MDG1 (Poverty and hunger), MDG2 (Education), 3 (Gender equality), 4 (Child health) and 5 (maternal health) could be effectively linked to lifecourse intervention strategies aimed at NCDs.
- (c) Should NCD prevention be linked to the climate change agenda? The advantage would be potential opportunities to raise substantially higher levels of funding and the use of existing platforms for action, but then again the contentious issues associated with climate change may delay progress.
- (d) What might the role of public/private partnerships play in NCD prevention? There are those who believe that the food industry, for example, should be taken to task through legislation, taxation and ostracisation as was done (eventually) for the tobacco industry. But then again – to use the cliché – if the food industry is part of the problem, it could also be part of the solution.

While these weighty matters are under debate in New York, the DOHaD Society will be meeting in Portland, Oregon, on 18th to 21st September for its 7th World Congress, preceded and followed by satellite meetings on Behaviour Change Skills for use in Public Health Interventions with Women and their Children, and on Innovations in Preterm Birth Research:

Mechanisms and Consequences. This is an important meeting as it is the first DOHaD Congress to be held in the USA. The focus of the congress will be more on research, from basic to translational science, than intervention, although many of those attending are very active in devising and assessing such interventions. I very much hope that the conclusions arising from the 7th World Congress will feed into the agenda for NCD prevention at multiple levels after September. Those involved in considering such wider issues could do well to peruse the pages of this journal, so ably put together by Cambridge University Press and our esteemed Editor-in-Chief, Michael Ross in Los Angeles.

## References

1. Beaglehole R, *et al.* Priority actions for the non-communicable disease crisis. *Lancet* 2011; 277, 1438–1447.
2. Hanson MA, Gluckman PD, Nutbeam D, Hearn J. Early life and non-communicable disease prevention. *Lancet* 2011; in press

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